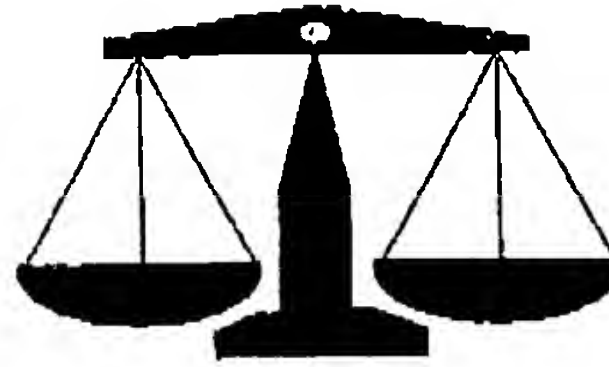


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**To:** Examiner Candice Capri Stokes  
Art Unit 3732

**From:** Teresa Euculano, Patent Assistant

**Fax:** 571-273-8300

**Pages:** 13

**Phone:**

**Date:** December 18, 2006

**Re:** Response and Amendment  
Patent Application 10/632,263  
Atty Docket # ASH-0109

**CC:**

Ms. Stokes:

Please find attached the following documents in connection with the above identified application:

- Transmittal Form (1 page);
- Request for Extension of Time (1 page); and
- Amendment ( 10 pages).

Best regards,

*Teresa Euculano*

Teresa Euculano  
Patent Assistant

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PTO/SR/21 (09-04)

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**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/092203

Filing Date

August 1, 2003

First Named Inventor

Dean Hollows et al.

Art Unit

3732

Examiner Name

Candice Capri Stokes

Attorney Docket Number

A511-0109

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Flo Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	DENTSPLY International Inc.		
Signature			
Printed name	Daniel W. Sullivan, Esquire		
Date	Reg. No.	34937	

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Signature	<i>Teresa Euculano</i>		
Typed or printed name	Teresa Euculano	Date	12/18/06

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